

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)

This form should be filed after the Committee qualifies as a multicandidate committee.

RECEIVED
FEC MAIL CENTER

2016 MAY 10 PM 2:05

1. (a) NAME OF COMMITTEE IN FULL

PRIME THERAPEUTICS LLC
EMPLOYEE PAC (PRIME PAC)

(b) Number and Street Address

1305 CORPORATE CENTER DR

(c) City, State and ZIP Code

EAGAN MN 55121

2. FEC IDENTIFICATION NUMBER

C00498105

3. TYPE OF COMMITTEE (check one)

☐ STATE PARTY
☒ OTHER

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

- (a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	JOHN CORNYN	SENATE	TX	8/11/14
(ii)	RON KIND	HOUSE	WI - 03	2/27/15
(iii)	BILL NELSON	SENATE	FL	2/27/15
(iv)	MICHELLE KUAN-GRISHAM	HOUSE	NM - 01	3/26/15
(v)	BEN SASSE	SENATE	NE	6/12/15

- (b) **Contributors:** The committee received a contribution from its 51st contributor on: 5/6/2016.

- (c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 6/29/2011.

- (d) **Qualification:** The committee met the above requirements on: 5/6/2016.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER

AARON RODRIGUEZ

SIGNATURE OF TREASURER

DATE

5/6/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. § 30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M
(Revised 1/2001)